

# bmj.com news roundup

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## GPs are being paid more for doing less, MPs are told

Family doctors are getting paid more for doing less as a result of the new GP contract, the House of Commons select committee on health was told last week.

Bonnie Sibbald, deputy director of the National Primary Research and Development Centre at Manchester University, said her unit had conducted a national survey of 1000 GPs that showed that on average they were now earning £15 000 a year more and were working four hours less each week.

Asked whether she thought this was justified, Professor Sibbald replied, "No."

But she added that ongoing research, involving a panel of 45 practices, indicated that the quality of care had improved. "So we are getting something for our money."

Earlier the committee heard from Deborah O'Dea, director of human resources at St Mary's NHS Trust in London, that further reductions in working hours required by the European Working Time Directive meant that by 2009 the trust could lose 3000 junior doctor hours each week.

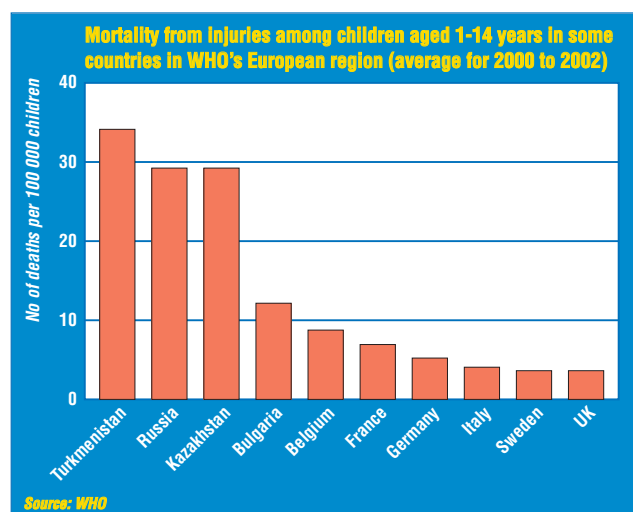
The trust was looking at ways that a change in the mix of skills could help to fill this gap and was already running orthopaedic clinics led by physiotherapists for outpatients.

Andrew Cole *London*

## UK urges free basic health care in poor countries

The abolition of fees for basic health services in developing countries, as achieved in Uganda, will remove a major barrier to improvement in the health of people in these nations. And such initiatives should be supported by the countries themselves and international donors.

This is the belief of Hilary Benn, the United Kingdom's secretary of state for international development and head of the Department for International Development (DFID), which



## Improving safety could save 15 000 children's lives a year in Europe, says WHO

In 2002 an estimated 28 000 children in Europe under the age of 15 lost their lives through injuries, data from the World Health Organization show. More than half the deaths could have been prevented if safety measures were improved, particularly in countries with poor safety records.

The WHO's league table on deaths from childhood injuries, launched at the first European conference on injury prevention and safety promotion this weekend, shows that the chance of a child dying between the ages of 1 year and 14 years in the low and middle income countries is three to six times that of a child in a high income country.

The country with the highest child mortality from injury is Turkmenistan, with an annual incidence of 34 per 100 000 children aged between 1 and 14 years. Sweden, the United Kingdom, and Italy have the lowest rates, with around four deaths for every 100 000 children. The most common causes of death are drowning, injuries from road traffic crashes, and poisoning.

If all countries had the same child mortality as Sweden it is estimated that 15 000 deaths could be prevented each year.

Zosia Kmietowicz *London*

manages Britain's aid to poor countries. He was speaking at a debate at the London School of Hygiene and Tropical Medicine, London, and also launching the progress report on the UK's maternal health strategy.

Citing research published in the *BMJ* last year (2005;331:747-9), Mr Benn said that more than 230 000 children's lives could be saved if fees for basic health services were abolished in 20 African countries.

Mr Benn reported progress on removing user fees. "We have helped Uganda do this," he said. Robert Short *London*

DFID's Maternal Health Strategy is available at [www.dfid.gov.uk](http://www.dfid.gov.uk).

## Scotland's free personal care for elderly people runs into trouble

Waiting lists have emerged in Scotland to control the demand among elderly people for free personal care, a service that has been controversial since it was instituted more than four years ago.

A statistical snapshot taken on a single day in February showed that 4005 people were waiting to be assessed and a further 709 people had been assessed but were still waiting to receive a service.

A report published last week

by the Scottish parliament's health committee found that 20 of Scotland's 32 local authorities did not have enough money to implement the policy fully. The councils estimate they need an additional £70m (€103m; \$130m), but the Scottish executive is refusing to increase spending above the current budgeted amount of £162m.

Scotland is the only part of the United Kingdom to provide free personal care.

Bryan Christie *Edinburgh*

The health committee's 10th report is available at [www.scottish.parliament.uk/business/committees/health](http://www.scottish.parliament.uk/business/committees/health).

## California will be only state to meet government target on smoking

California is likely to be the only US state that will meet government targets on smoking cessation published in 2000, a conference heard last week.

In its document *Healthy People 2010* the US Department of Health and Human Services said it wanted to see the percentage of smokers in the population reduced to 12% or less among adults and to 16% or less among young people. The current estimates are 21% and 22% respectively.

California was going to meet the target because of its ban on smoking in public and education campaigns, said Frederic Blow, a mental illness researcher at the Ann Arbor Veterans Administration Medical Center, Michigan, at the end of a meeting convened in Washington, DC, by the National Institute of Health's panel on tobacco.

Public policy could have a dramatic impact, said Dr Blow, who is a member of the panel. In the first year that New York City banned smoking in bars and restaurants the percentage of the population who smoked fell from 22% to 19%.

Bob Roehr *Washington, DC*

A draft statement is available at <http://consensus.nih.gov/2006/TobaccoStatementDraft061406.pdf>.